## NEW JERSEY STATE DEPARTMENT OF COMMUNITY AFFAIRS HEALTH CARE PLAN REVIEW RECORD

101 South Broad Street P.O. Box 815 Trenton, New Jersey 08625-0815 609-633-8151

Date:

FACILITY NAME
CERTIFICATE OF NEED
OR REFERENCE NUMBER
CERTIFICATE OF NEED EXPIRATION DATE
SUBMITTED BY
FIRM NAME
ADDRESS
TELEPHONE NO
Submit Part # 1 with schematic plans (1 <sup>st</sup> stage) and Part #2 with the preliminary (2 <sup>nd</sup> stage) submission. If the first submission consists of preliminary or final plans, the entire plan review record shall be submitted at that time.
Hydraulically designed working drawings and calculations (including summary sheet, detailed work sheets and graph sheet), prepared in accordance with Chapter 8 of NFPA-13, shall be submitted for review at the first submission of engineering drawings.
The Plan Review Record is an information tool only. It shall in no way relieve the Architect or Engineer from submitting complete and detailed plans and specification.

### PART 1

Use Group Classification (2009 IBC, NJ E	dition) 302.1	
Construction Type (2009 IBC, NJ Edition)	602.0	
(If more than one type please note of	each and delineate on Plans.)	
Building Area (See Definition, 2009 IBC,	NJ Edition) 503	
	New Construction Renovation	sq.ft. sq.ft.
(If more than one area or floor, note	e size of each and delineate on	plans.)
Building Height (2009 IBC, NJ Edition) 50	03 and 504	stories
		ft.
	BC, NJ Edition) 903.0 IBC, NJ Edition) 903.3.5.1.1	
Street Frontage Increase? (2009 IBC, NJ E	Edition) 506.2	Yes No
If yes, complete the following:		
Total Open Perimeter		Feet
Total Building Perimeter		Feet
Percent open perimeter	=	%
Mixed Use and Occupancy?		Yes No
If yes, note each use group, the loca scale key plan, and the applicable p IBC, NJ Edition 508, which describes design conditions.	paragraph of 2009	

Will any new construction be designed as a addition to the	Yes
existing building.	No
(or)	
Will any new construction be designed as a new separate	Yes
building	No
If yes, has the firewall been designed as per	
2009 IBC, NJ Edition 706.1 thru 707.9.	Yes
	No
Will atriums be incorporated in this project?	Yes
(2009 IBC, NJ Edition) 404	No
If yes, are they designed as per	Yes
2009 IBC, NJ Edition 404.1 thru 404.8	No

Complete attachment No. 1 (means of egress sheet) and return with Part #1. If exits are numerous, coordinate the egress sheet with the plans be numbering all exits.

# ATTACHMENT #1 MEANS OF EGRESS SHEET

Occupant Load

Floor	Location	Area	Allowable Sq. Ft./person (2009 IBC, NJ Edition) Table 1004.1.1 No. of Occupants	
			=_	
			=_===	
			=	
			=	
			=	
			= Total/Floor	
<u>CAPA</u>	CITY OF EXITWAYS			
Floor	Exit Type and Location I-2 NFPA-101.18.2.3 I-1, & I-2, (2009)IBC, NJ Edition, 1018.0 thru 1023.0	Egress Width		Total Capacity
			Total/Floor	

Use additional space as required (this is the formal to be followed).

## PART 2

Will corridors be enclosed in one hour fire rated walls?	Yes
If no, explain why.	No
Are exterior walls	Bearing Nonbearing
Note roof covering classification (2009 IBC, NJ Edition) 1504.0	
Will there be any flammable anesthetics used in this facility?	Yes No
Will smoke barriers be provided (NFPA-101, 18-3.7.) (2009 IBC, NJ Edition) 710.0	Yes No
If yes, delineate on plans	New Existing
Will x-ray equipment be installed as part of this project?	Yes No
If yes, provide certification from a licensed physicist approving the design for shielding of the equipment with final plans.	
Are there any functional dumbwaiters?	Yes No
Are there any functional linen or refuse chutes?	Yes No

Have rated floor/ceiling assemblies been	Yes
employed? (2009 IBC, NJ Edition) 712.0	No
If yes,	
What is rating	
What is U.L. no.	
If elevators are being installed note type:	
Hydraulic	
Electric	

Complete Attachment No. 2 (Engineers Checklist) and submit with final plans.

#### **ATTACHMENT #2**

ENGINEER'S CHECKLIST AND CERTIFICATION OF COMPLIANCE WITH DESIGN REQUIREMENTS OF THE NEW JERSEY STATE UNIFORM CONSTRUCTION CODES

#### **GENERAL DATA**

OWNER		
ADDRESS		
<u></u>		
PROJECT		
LOCATION		
CN#		
LICENSED ENGINEER		
ADDRESS		
	ENGINEER'S SEAL	DATE
	& SIGNATURE	DATE

This checklist shall be included with submission of final plans and specifications excepting that it is required for preliminary approval for Construction Management projects.

Where applicable the engineer for the above listed project has reviewed the codes listed in the following schedule and has applied engineering standards of good practice to meet all applicable design requirements included in the checklist on Pate 2 and 3.

Boiler capacity (new or existing) is adequate to meet requirements of all buildings served.	REFERENCE	DESCRIPTION	MEETS CODES	NOT APPLICABLE
2.1-8.2.6.1 3.1-8.2.6.1 4.1-8.2.6.1 4.1-8.2.6.1 4.1-8.2.1.2, Table 7.1, Part 6 4.1-8.2.1.2, T	2010 ECI CHIDELINES*	Roiler capacity (new or	CODES	AFFLICABLE
3.1-8.2.6.1   meet requirements of   4.1-8.2.6.1   meet requirements of   all buildings served.		·		
4.1-8.2.6.1   all buildings served.		· 1	п	
Description				
2.1-8.2.1.2, Table 7.1, Part 6 3.1-8.2.1.2, Table 7.1, Part 6 4.1-8.2.1.2, Table 7.1, Part 6		ĕ		
3.1-8.2.1.2, Table 7.1, Part 6 4.1-8.2.1.2, Table 7.1, Part 7.1, Par				
4.1-8.2.1.2, Table 7.1, Part 6  designed to provide room temperatures and relative humidity required by this section.  2010 FGI GUIDELINES 2.1-8.2.4.2(4) 3.1-8.2.4.2(4) 3.1-8.2.4.2(4)  penetrations to x-ray rooms. He shall provide written certification that the effectiveness of the x-ray protection has been impaired. Attach physicist's report.  2010 FGI GUIDELINES 2.1-8.4.2.3 3.1-8.4.2.3 4.1-8.4.2.3  2010 FGI GUIDELINES 2.1-8.4.2.5 2010 FGI GUIDELINES 2.1-8.4.2.5 2010 FGI GUIDELINES 2.1-8.4.2.5 2010 FGI GUIDELINES 2.1-8.3.3.1 Electrical generator has the required capacity. 4.1-8.3.3.1 Electrical generator has the capacity to provide and service for new and		•		
room temperatures and relative humidity required by this section.  2010 FGI GUIDELINES 2.1-8.2.4.2(4) 3.1-8.2.4.2(4)  penetrations to x-ray rooms. He shall provide written certification that the effectiveness of the x-ray protection has been impaired. Attach physicist's report.  2010 FGI GUIDELINES 2.1-8.4.2.3 3.1-8.4.2.3 4.1-8.4.2.3 2010 FGI GUIDELINES 2.1-8.4.2.5 2010 FGI GUIDELINES 2.1-8.4.2.5 2010 FGI GUIDELINES 2.1-8.4.2.5 2010 FGI GUIDELINES 2.1-8.4.2.5 2010 FGI GUIDELINES 2.1-8.3.3.1 4.1-8.3.3.1 4.1-8.3.3.1 4.1-8.3.3.1 4.1-8.3.3.1 5 emergency electrical 4.1-8.3.3.1 5 ereview ductwork 2 required to x-ray rooms. He shall provide devices the capacity to provide devices and relative humidity required by this section.	· · · · · · · · · · · · · · · · · · ·	1		
relative humidity required by this section.  2010 FGI GUIDELINES	4.1-8.2.1.2, Table 7.1, Part 6		Ц	
required by this section.  2010 FGI GUIDELINES 2.1-8.2.4.2(4) 3.1-8.2.4.2(4) 3.1-8.2.4.2(4)  Penetrations to x-ray rooms. He shall provide written certification that the effectiveness of the x-ray protection has been impaired. Attach physicist's report.  2010 FGI GUIDELINES 2.1-8.4.2.3 3.1-8.4.2.3 4.1-8.4.2.3 4.1-8.4.2.5 2010 FGI GUIDELINES 2.1-8.4.2.5 3.1-8.4.2.5 2.1-8.4.2.5 3.1-8.4.2.5 2.1-8.4.2.5 3.1-8.4.2.5 3.1-8.3.3.1 4.1-8.3.3.1 4.1-8.3.3.1 5.1-8.3.3.1		<del>_</del>		
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2.1-8.2.4.2(4)  3.1-8.2.4.2(4)  Review ductwork penetrations to x-ray rooms. He shall provide written certification that the effectiveness of the x-ray protection has been impaired. Attach physicist's report.  2010 FGI GUIDELINES  2.1-8.4.2.3  3.1-8.4.2.3  4.1-8.4.2.3  2010 FGI GUIDELINES  Domestic hot water equipment has the required capacity.  2.1-8.4.2.5  2.1-8.4.2.5  2.1-8.4.2.5  2.1-8.3.3.1  2.1-8.3.3.1  3.1-8.3.3.1  4.1-8.3.3.1  4.1-8.3.3.1  4.1-8.3.3.1  4.1-8.3.3.1  4.1-8.3.3.1  4.1-8.3.3.1  Evicent written  Certification to x-ray rooms. He shall provide written  Certification that the effectiveness of the x-ray protection has been impaired. Attach physicist's report.  Domestic hot water  Electrical generator has the capacity to provide emergency electrical contact the capacity to provide emergency electrical service for new and				
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2.1-8.4.2.3       are designed to supply         3.1-8.4.2.3       water at sufficient         4.1-8.4.2.3       pressure.         2010 FGI GUIDELINES       Domestic hot water         2.1-8.4.2.5       equipment has the         3.1-8.4.2.5       required capacity.         2010 FGI GUIDELINES       Electrical generator has         2.1-8.3.3.1       the capacity to provide         3.1-8.3.3.1       emergency electrical         4.1-8.3.3.1       service for new and		physicist's report.		
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3.1-8.4.2.3       water at sufficient pressure.       □       □         2010 FGI GUIDELINES       Domestic hot water equipment has the required capacity.       □       □         3.1-8.4.2.5       required capacity.       □       □         4.1-8.4.2.5       Electrical generator has the capacity to provide emergency electrical service for new and       □       □	2.1-8.4.2.3	are designed to supply		
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2.1-8.3.3.1 the capacity to provide emergency electrical service for new and □ □ □		Electrical generator has		
3.1-8.3.3.1 emergency electrical demand □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		_		
4.1-8.3.3.1 service for new and			П	
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I CAINING LACHINES	1.1 0.5.5.1	existing facilities.		

<sup>\*</sup>Guidelines for Design and Construction of Health Care Facilities - 2010 Edition.